

2007-2008 School Year  
Indiana State Department of Health  
School Immunization Requirements & Recommendations  
Quick Reference Guide

	3-5 year olds	K	1	2	3	4	5	6	7	8	9	10	11	12
<b>DTaP/DTP/DT/Td</b>	4	5*	5*	3	3	3	3	3	3	3	3	3	3	3
<b>Polio **</b>	3	4	4	4	4	4	4	4	4	4	4	4	4	4
<b>Measles</b>	1	2	2	2	2	2	2	2	2	2	2	2	2	2
<b>Mumps</b>	1	1	1	1	1	1	1	1	1	1	1	1	1	1
<b>Rubella</b>	1	1	1	1	1	1	1	1	1	1	1	1	1	1
<b>Hepatitis B ***</b>	3	3	3	3	3	3	3	3	3	3	3	3	3	3
<b>Varicella ~</b>	1	1	1	1	1	1	1	1	1	1	1	1	1	1

\* Four doses of DTaP/DTP/DT are acceptable if the fourth dose was administered on or after the child's fourth birthday.

\*\* If any combination of IPV or OPV was used 4 doses are required by 4-6 years of age regardless of age when administered. Four doses of all IPV or OPV are a complete series OR three doses of all OPV or all IPV are acceptable if the third dose was administered on or after the child's fourth birthday.

\*\*\* The 2-dose alternative adolescent Hepatitis B vaccine schedule (using Recombivax HB in 11-15 year olds) is acceptable if properly documented.

~ Parental written report of a child's history of chickenpox is acceptable as proof of immunity (no vaccine needed). A written statement from the parent/guardian indicating dates of disease and signed is all the documentation needed. Documentation by a physician is not necessary.

**Schools are required to report vaccination coverage rates for kindergarten, first grade, and sixth grade by November 1<sup>st</sup>, 2007.**

Education material to be distributed:

Meningococcal Disease – All grades.

Human Papillomavirus (HPV) Infection – 6<sup>th</sup> grade girls

Hepatitis B Vaccine – 12<sup>th</sup> grade all